BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 O9 989758													
CLAIMS AS FILED - PART (Column 1)						mn 2)		MALL EI YPE 🗆	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS							Γ	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	E	BASIC FEE	#395	OR	BASIC FEE	\$790	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 2 5≡		OR	X\$ 57 =		
INDEPENDENT CLAIMS			minus 3 =		*			YO		OR	×200=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+/86		OR	+360=		
* If	the difference	in column 1 is	ess than zero, enter		"0" in column 2		. L .	TOTAL		OR			
	CLAIMS AS AMENDED - PART II									.	OTHER SMALL I		
		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)	ŀ	SMALL	ADDI-	OR	SMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NÚMI PREVIC PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**				X\$ \(\varphi\) =		OR	X\$ 14 =	V	
	Independent	*	Minus	***		=:		768 X 42 =		OR	×840		
L	FIRST PRESE	ULTIPLE DEPENDENT		CLAIM		J	180		OR	360			
		a da de la completa. La completa de la co						TOTAL		OP.	TOTAL		
		(Column 1)		(Colun	nn 2)	(Column 3)	_ AI	DDIT: FEE.			ADDIT REE		
ENDMENT B		CLAIMS RÉMAINING AFTER		HIGH NUMI PREVIO	BER :	PRESENT		RATE	ADDI- TIONAL		RĂTE	ADDI- TIONAL	
		AMENDMENT		PAID		EXTRA		25	FEE			FEE	
	Total		Minus Minus	1.00 A 1.00 B 2.00 A 1.00 B 2.00 A 1.00 A 1.				X9 ¥≅%		OR	X\$} ₽		
AMEN	Independent FIRST PRESE	NTATION OF MU	Marie Service Services	*** ENDENT	CLAIM			/42		OR	. 260 X84≡		
								188		ÓЯ	- 36 2		
							zΑŪ	TOTAL DITABLE		OR	TOTAL ADDIT FEE		
		(Column 1)		(Colun		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER		NUME PREVIC	3ER	PRESENT EXTRA		RATE	ADDI. TIONAL		RATE	ADDI- TIONAL-	
		AMENDMENT :		PAID	FOR 🛴			-257	FEE/:			FEE	
	Total Independent	• 19	Minus Minus	# S	P			X\$ % =		OR	X\$18=		
	8028 28 Nov. 1980 1980 1940 1950	NTATION OF MU	Contract Colors	···· (Endent	CLAIM			X42 0		OR'	200 X 04 ≡		
								180 - +1 10 -		OR	:3€0 + 280 ≌i		
. **	f the "Highest Nur	nn I is less than th nber Previously Pa	id For" IN THIS	SPACE is	less than	i 20, enter 20.	AT	TOTAL DIT FEE		OR.,	TV TOTAL ODIT FEE		
***	If the "Highest Nur The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS For" (Total or	S SPACE is Independe	s less than ent) is the	n 3, enter 3.			ropriate box			Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Co	